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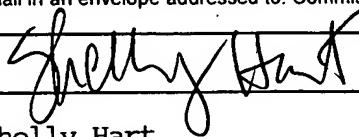
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TRANSMITTAL FORM		Attorney Number	10/646,612
(to be used for all correspondence after initial filing)		Filing Date	August 22, 2003
		First Named Inventor	Kenneth COLLINS, et al.
		Art Unit	2812
		Examiner Name	Olivia T. Luk
Total Number of Pages in This Submission	25	Attorney Docket Number	006915 P04

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Office of Robert M. Wallace		
Signature			
Printed name	Robert M. Wallace		
Date	June 16, 2005	Reg. No.	29,119

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Shelly Hart	Date	June 16, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including the gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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06/16/05 Shelly Hart (Signature)
Date: None



PATENT

Attorney Docket No.: 006915 P04
RW Ref. No.: APM/001-02-CP1-4



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kenneth COLLINS, et al.

Serial No.: 10/646,612

Examiner: Olivia T. Luk

Filed: August 22, 2003

Group Art Unit: 2812

For: PLASMA IMMERSION ION IMPLANTATION PROCESS USING
A CAPACITIVELY COUPLED PLASMA SOURCE HAVING LOW
DISSOCIATION AND LOW MINIMUM PLASMA VOLTAGE

AMENDMENT UNDER 37 C.F.R. 1.111 TRANSMITTAL

Mail Stop Non-Fee Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

SIR:

Transmitted herewith is an Amendment under 37 CFR 1.111 in response to the Office Action dated March 16, 2005 in the above-identified application. The fee has been calculated as shown below.

	Claims remain- ing after amendment	Highest number previously paid for	Present extra	Rate	Additional Fee
Total Claims	87 minus	87 =	0	x \$50	\$000.00
Independent	1 minus	3 =	0	x \$200	\$000.00
If Multiple Dependent Claims Are Present, Add \$360.00					
(If applicant is a "small entity," subtract half of total)					\$000.00
Total additional fee for this amendment					
					\$000.00

No additional fee is required.

A check in the amount of \$ is attached.

The Commissioner is hereby authorized to charge any additional fees or deficiencies or credit overpayment to Deposit Account No. 50-0338.

Respectfully submitted,



Robert M. Wallace
Reg. No. 29,119
Customer No. 000044843
Attorney for Applicants

Dated: June 16, 2005

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on June 16, 2005 (Date of Deposit)
06/16/05 Greely H. (Name)
Date Name



PATENT

Attorney Docket No.: 006915 P04
RW Ref. No.: APM/001-02-CP1-4

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Kenneth COLLINS, et al.

: Group Art Unit: 2812

Entitled: PLASMA IMMERSION ION

:

IMPLANTATION PROCESS USING A

:

CAPACITIVELY COUPLED PLASMA SOURCE

:

HAVING LOW DISSOCIATION AND LOW

:

MINIMUM PLASMA VOLTAGE

:

Examiner: Olivia T. Luk

Serial No.: 10/646,612

:

:

Filing Date: August 22, 2003

:

AMENDMENT UNDER 37 CFR 1.111

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

In response to the Office Action dated March 16, 2005, please amend the above-identified patent application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 17 of this paper.